

# Application for Birth Record of a Deceased Person

**REBECCA R. KRAEMER**

Edgar County Clerk and Recorder – 115 W. Court Street – Room “J”

Paris, Illinois 61944-1785

Phone: 217-466-7433 Fax: 217-466-7430

<b>Birth Information</b>		
Name at Birth (First, Middle, Last)		
Place of Birth (Hospital, City or Town, County)		
Date of Birth (Month, Day, Year)	Sex	Birth Number (if known)
Father's Name (First, Middle, Last)		
Mother's Name (First, Middle, Last)		Mother's Maiden Surname
<b>MUST PROVIDE PROOF OF DEATH (e.g., death certificate, obituary or newspaper article)</b>		
Death Information	Applicant Information	
Legal Name at Death (First, Middle, Last)	Name (First, Middle, Last)	
For Female Decedents, Maiden Surname	Street Address	
Date of Death (Month, Day, Year)	City, State, ZIP	
Place of Death (City, State)	Social Security Number	
Relationship to Decedent	Driver's License Number/State of Issue	
I affirm, under the penalties for perjury, that the representations made on this application are true to the best of my knowledge and belief.		
<div style="border-bottom: 1px solid black; width: 100%;"></div> Signature	<div style="border-bottom: 1px solid black; width: 100%;"></div> Date	<div style="border-bottom: 1px solid black; width: 100%;"></div> Work Telephone (    ) <div style="border-bottom: 1px solid black; width: 100%;"></div> Home Telephone (    )